

*Jones*

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/>X <i>Rosa Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/><i>Rosa Robinson</i></p> <p>C. Date of Delivery<br/><i>AUG 25 2005</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| <p>1. Article Addressed to:</p> <p>Frank Albright, Deputy Warden<br/>Julia Tutwiler Prison for Women<br/>8966 U.S. Hwy 231 North<br/>Wetumpka, AL 36092</p>  |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>  |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>PS Form 8811, February 2004</p>  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7004 2510 0001 0150 7379</p> <p>Domestic Return Receipt</p>   |  |

102595-02-M-1540

*Jones*

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| <p>1. Article Addressed to:</p> <p>Gladys Deese, Warden<br/>Julia Tutwiler Prison for Women<br/>8966 U.S. Hwy 231 North<br/>Wetumpka, AL 36092</p>   |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p>  |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>PS Form 3811, February 2004</p>  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7004 2510 0001 0150 7362</p> <p>Domestic Return Receipt</p>   |  |

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